

14 DEC -8 PM 2:58

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cotton for Senate

ADDRESS (number and street) PO Box 379

☐ Check if different than previously reported. (ACC)

Dardanelle

AR

72384

2. FEC IDENTIFICATION NUMBER ▼

C C00499988

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

ZIP CODE ▲

STATE ▼ DISTRICT

AR

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
  
☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y  
11 / 04 / 2014

in the State of

AR

5. Covering Period

M M / D D / Y Y Y Y  
10 / 16 / 2014

through

M M / D D / Y Y Y Y  
11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bradley T Crate

Signature of Treasurer Bradley T Crate

Date

M M / D D / Y Y Y Y  
12 / 04 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)